



U.S. Department of Justice

United States Trustees Central District of California

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Debtor: _____ Bankruptcy Case #: _____

EIN: _____ Employer maintains a ☐ group health ☐ pension plan

Is this a public corporation? ☐ Yes ☐ No

1. If the debtor sponsors a group health or dental plan, complete the information below. If No, go to #2.

Premiums paid through ☐ employee contributions ☐ employer contributions
Are the premium payments current? ☐ Yes ☐ No
Benefits paid from ☐ employee contributions ☐ general assets of the company
Name and address of responsible officer: _____

2. If the debtor sponsor a pension plan, complete the information below. If No, go to #3.

☐ 401(k) Plan ☐ Profit Sharing Plan ☐ Defined Benefit Plan
☐ Money Purchase Plan ☐ Employee Stock Ownership Plan

Name and address of responsible officer: _____

Does the employee make contributions to the Plan? ☐ Yes ☐ No

Have all employee contributions been forwarded to the trust fund? ☐ Yes ☐ No

If the debtor maintains a defined benefit or money purchase plan, are they fully funded?

Have any trustees, officers, owners or board members of the debtor received any distributions from the plan within the last year? If so, please provide the name(s), address(es) and title:

Have any trustees, officers, owners or board members received any loans from the plan that are not participant loans? If so, please provide the name(s), address(es) and title:

Has the debtor company received any loans from the plan? If so, please state the approximate date, amount and purpose of the loan.

3. I declare under penalty of perjury that the answers contained in the foregoing question are true and correct.

Dated

Debtor in Possession